

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B7	70385	
O.I.P.E. CLASSIFIER		19	4-21-00
FORMALITY REVIEW	DM	78523	6/22/W
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
1			
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3			
4	✓	✓	0
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	0	0	↓
19		=	=
20		✓	✓
21		=	=
22		✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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